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Title: Aetiology and outcome of dyspnoea in emergency department patients

Dr. Stavros 18346 Vogiatzis stavrosvogiatzis@yahoo.com MD ¹, Dr. Klio 18347 Eleftheriou KEleftheriouGidaris@yahoo.gr MD ¹, Dr. Vasilios 18348 Tsaousis vtsaousis@yahoo.gr MD ¹, Dr. Anna 18349 Gavriilidou gavriilidou@gmail.com MD ¹ and Dr. Marianna 18350 Kakoura kosmaka@otenet.gr MD ¹. ¹ Dpt of Pulmonology, Papageorgiou General Hospital, Thessaloniki, Greece, 56403 .

Body: Introduction: Dyspnoea is a common and complex diagnostic problem in ED patients. Aim: To record initial diagnoses and outcome in ED cases of dyspnoea in a general hospital. Material: Adults whose presenting complaint was dyspnoea during 3 consecutive summer on calls. Methods: On site recording of relevant data. SPSS 18 was used for statistical analysis. Results: 54(2.9%) patients presented to A&E complaining of dyspnoea out of a total attendance of 1861 persons. 33 were male (61.1%) and the mean age was 66.1 years. At triage severity was characterized as: 1(11.1%), 2(38.9%), 3(33.3%), 4(16.7%), 5(0%). BORG scale of dyspnoea was: 1(5.6%), 2(5.6%), 3(4.8%), 4(31.5%), 5(11.1%), 6(5.6%), 7(11.1%), 8(3.7%), 9(1.9%), 10(9.3%). Onset of dyspnoea was acute in 7 patients (13%), subacute in 38 patients (70.4%); in 9(16.7%) patients there was acute deterioration of chronic dyspnoea. Initial diagnoses were: COPD(20.4%), asthma(5.6%), cancer(9.3%), pleuritis(7.4%), haemoptysis(7.4%), pulmonary embolism(1.9%), febrile infection(22.2%), SOAS(1.9%), heart failure(14.9%), coronary artery disease(3.7%), hypertension(1.9%), neuropsychiatric disease(1.9%) and miscellaneous(1.9%). Patients were treated at short stay units (3.7%), special departments (48.1%), ITUs(1.9%), specialist centres(1.9%) and at home(44.4%). The mean duration of hospitalization was 7±2 days. Concordance between admission and discharge diagnoses was 90.7%. Additional medical problems were identified in 25.9% of the patients that presented with dyspnoea. Conclusion: Dyspnoea in ED patients is a complex medical problem that requires meticulous clinical attention.